

FITZPATRICK, CELLA, HARPER & SCINTO

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FACSIMILE COVER SHEET

TO:	Examiner Kristie Shingles Group Art Unit: 2141	
FROM:	Michael K. O'Neill	
RE:	U.S. Application No. 09/498,396 Atty. Docket No.: 03650.000140	
FAX NO.:	(571) 273-8300	
DATE:	April 25, 2008	NO. OF PAGES: (including cover page) <u>23</u>
TIME:	<u>3:31</u>	SENT BY: <u>Sharm</u>

MESSAGE

Attached is an Amendment in response to the Office Action dated January 25, 2008.

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on:

April 25, 2008
(Date of Deposit)

Michael K. O'Neill, Reg. No. 32,622
(Name of Attorney for Applicant)

Michael K. O'Neill
Signature

April 25, 2008
Date of Signature

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In re Application of:

Docket No: 03650.000140

SAEED ANOOSHFAR

Application No.: 09/498,396

Examiner: K. Shingles

Filed: February 4, 2000

Group Art Unit: 2141

For: COMPUTER NETWORK SCANNING

Date: April 25, 2008

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 24	MINUS	** 25	= 0	x \$25 \$50	- 0 -
INDEP. CLAIMS	* 6	MINUS	*** 7	= 0	x \$105 \$210	- 0 -
Fee for Multiple Dependent claims \$185°/\$370						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						- 0 -

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

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(Date of Deposit)

Michael K. O'Neill, Reg. No. 32,622
(Name of Attorney for Applicant)

Michael K. O'Neill April 25, 2008
Signature Date of Signature

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.


☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant
Michael K. O'Neill
Registration No.: 32,622

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New York, New York 10112-3800
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Form #120

FCHS_WS 2123504v1

03650,000140

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: K. Shingles
SAEED ANOOSHFAR)
: Group Art Unit: 2141
Application No.: 09/498,396)
: Filed: February 4, 2000)
: For: COMPUTER NETWORK)
SCANNING : April 25, 2008

Commissioner for Patents
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AMENDMENT

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(Name of Attorney for Applicant)



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April 25, 2008

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